

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED DEC 10 1946

Primary Registration District No. 2001

38270

638

1. PLACE OF DEATH:

(a) County Jasper, Mo.
(b) City or town Joplin, Mo.
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 27 days
(Specify whether
In this community Life-long resident
years, months or days)

3. (a) PRINT
FULL NAME

Charles M. Roten

3. (b) If veteran,
name war.

3. (c) Social Security
No.

4. Sex M. 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pearl Roten
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Dec. 11 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 11 13 hr. min.

9. Birthplace Granby, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Garage-man

11. Industry or business Auto-Salvage

12. Name Sam A. Roten

13. Birthplace Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Sheppard

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nell Cook

(b) Address 1411 Valley - Joplin, Mo.

17. (a) Removal Removal (b) Date thereof 11-28-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview - Missouri

18. (a) Signature of funeral director John H. Durnell

(b) Address Joplin, Mo.

19. (a) 11-18-43 (b) John H. Durnell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Ottawa
(c) City or town Picher
(If outside city or town limits, write "RURAL")
(d) Street No. no (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18
year 1943 hour 128 minute A. M.

21. I hereby certify that I attended the deceased from 1943 to 1943

that I last saw him alive on Nov. 17 1943
and that death occurred on the day and hour stated above.

Immediate cause of death Chronic Nephritis Duration

Arenia

Due to Hypertension

Due to none

Other conditions (Include pregnancy within 3 months of death) none

Major findings: Of operations none

Of autopsy 1316

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none

(b) Date of occurrence none

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature John H. Durnell (M.D. or other)

Address Joplin, Mo. Date 11/17/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

43-11-988

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

John H. Dumas
Kla
Licensed Embalmer No. *880*

P. O. Address.....
Richer, Kla

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.